UTAH INSURANCE DEPT

INDIVIDUAL LICENSE REINSTATEMENT APPLICATION

Name:		Amount Enclosed: \$		
		(See fe	es below)	
99IN:		Expiration Date:		
Utah license #:		r		
License type:		_ (Resident / Non-Res. Producer,	Adjuster, Limited, Etc.)	
	es: Lines Licenses (Life, Accident, Health ted Licenses (Credit, Motor Club, Tra			
	einstate inactive license (until 1 year p			
	or less, late renewal is still available onlin con.com/utah or www.nipr.com. NIPR is		esident individuals may	
To reinstate your	license:			
1. Print and compl	lete both pages of this form and return wit	payment (check or credit card au	thorization) to:	
3110 State	ance Department Office Building			
PO Box 14 Salt Lake (46901 City, UT 84114-6901			
	ent producers must include copies of com t be reinstated without proof of CE. Non-			
3. If you answered	l "yes" to any background questions, pleas	e provide the documentation reque	ested.	
4. If reinstating Va	ariable Contracts line of authority, please	rovide your current CRD number	·	
	f fees, and approval of this completed apping address. Check status of this process at tah.			
If you have question	ons or concerns, please contact our office 8	AM5PM Mountain Time.		
Contact person: .	Joyce Maher 801-538-3857 jmaher@ut	h.gov Fax # 801-538-38	30	
Credit card inform	ation:			
Card Type:	Card Number:	Exp. I	Oate	
Name of Cardhold	er	Amount A	uthorized:	

BACKGROUND INFORMATION -- PLEASE READ CAREFULLY AND ANSWER ACCURATELY:

 Have you ever been convicted of a crin crime? 	me, had a judgment withheld or defer	red, or are you cu	rrently ch		committing a No
"Crime" includes a misdemeanor, felor involving drinking under the influence driving with a suspended or revoked lic found guilty by verdict of a judge or jun suspended sentence or a fine.	(DUI) or driving while intoxicated (I cense and juvenile offenses. "Convic	OWI), driving with ted" includes, but	out a lice is not lim	nse, reckle ited to, hav	ess driving, or ving been
b) a certified copy of the cha	ning the circumstance of each incider		ne charges	or any fin	al judgment
If you have a felony conviction, have y	ou applied for a waiver as required by	y 18 USC 1033?	N/A	Yes	No
If so, was that waiver granted? (Attach			N/A	Yes	No
2. Have you or any business in which you liability company ever been involved in registration?				upational l	
"Involved" means having a license cent probation or surrendering a license to re administrative or arbitration proceeding an license application denied, or the act solely to noncompliance with continuin	esolve an administrative action. "Inv g which is related to a professional or t of withdrawing an application to avo	olved" also means occupational licer oid a denial. You	s being na nse. "Invo may excl	med as a p olved" also	arty to an means having
b) a certified copy of the No	his application: ning the circumstance of each incidentice of Hearing or other document that icial document, which demonstrates t	at states the charge			al
3. Residents: If applicable, have you cor CE requirements do not apply to resi continuously since April 1, 1970. All copies of certificates of completion.	idents holding a limited license, or t	to those produce:			censed
On the lines provided below please upd	late your address and telephone nu	mbers.			
Simply indicate no change if you are sure	we have your current information.				
Business (mailing) address:		Resident address:			
	Address Line 1				
	Address Line 2				
	City, State, Zip Code				
	Phone # / Fax #				
	Email address				
I certify that all information I have sup	oplied on this application is complet	te, true and corre	ect to the	best of my	knowledge.
Signed:		Date:			